

## MILITARY POLICE VEHICLE REGISTRATION DATA SHEET PRIVACY ACT STATEMENT

Authority: Title 10, USC Section 3012

Principal Purpose: To identify vehicles routinely operated on Fort Leonard Wood and their owner/operator for force protection security, and law enforcement purposes.

Routine Uses: Registration will enable the Provost Marshal to issue the owner/operator identification for the vehicle speeding security checks at entry points. Information furnished may be disclosed to DOD officials or employees needing the information to perform their duties and to federal, state and local law enforcement and motor vehicle tax and license personnel in appropriate cases. The social security number, home address information and other biological and physical information are used for positive identification and reconciliation with state motor vehicle information. Disclosure: voluntary, Disclosure of SSN and other Privacy Act protected information is voluntary, however in order to correctly supply the information will result in non-registration of the owner/operator's vehicle(s), which may further result in an order prohibiting and such vehicle from entering onto Fort Leonard Wood. Before a pass is issued a military check will be done. **It will take 5 working days to complete the paperwork. Call (573) 596-3615 or (573) 596-0356 before coming in. You will need current vehicle registration, current insurance and ID card, driver's license and if you are not the owner of the vehicle a power of attorney or notarized letter.**

UNIT POC AND VERIFICATION:				TEL #: (     )     -	
SSN:     -     -		LAST NAME:		FIRST NAME:	
MIDDLE NAME:			HOME ADDRESS:		
CITY:		STATE:		COUNTRY:	
ZIP:     -	PHONE: (     )     -		DRIVERS LICENSE #:		
DRIVERS LICENSE STATE:			ACTIVE/RETIRED AIRFORCE:		RANK:
ACTIVE/RETIRED ARMY: RANK:			ACTIVE/RETIRED MARINE: RANK:		
ACTIVE/RETIRED NAVY: RANK:			CIVIL SERVICE: RANK:		CIVILIAN: RANK:
CONTRACTOR: RANK:		ACTIVE/RETIRED COAST GUARD: RANK:			
FAMILY MEMBER: RANK:			ACTIVE/RETIRED NOAA: RANK:		
OTHER FOREIGN NATIONAL: RANK:			OTHER GOV EMPL: RANK:		
PUBLIC HEALTH: RANK:			DOB:     /     /		ETS DATE:     /     /
GENDER:	HT (FT/IN):     /	WEIGHT: (LBS)		EYE COLOR:	
HAIR COLOR:		MARITAL STATUS:		RACE:	
SPONSOR SSN:     -     -		SPONSOR LAST NAME:			
SPONSOR FIRST NAME:			SPONSOR MIDDLE NAME:		
RELATIONSHIP TO SPONSOR:		SPONSOR DECEASED:		UNIT ADDRESS:	
INSTALLATION:		CITY:		STATE:	
COUNTRY:		ZIP:     -	UNIT PHONE: (     )     -		EXT:
VEHICLE INFORMATION: NEW:		USED:	DELETE:		VIN #:
YEAR:					
MAKE:		MODEL:		BODY STYLE:	
COLOR:		LICENSE PLATE #:		STATE:	
COUNTRY:		EXP YEAR:		INSURANCE COMPANY NAME:	
POLICY NUMBER:		EXP YEAR:     /     /			
DO YOU OWN A WEAPON: YES:     NO:		IF YES IS IT REGISTERED ON POST: YES:     NO:			